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Mark S. Graham, Esq.

(D. P. S. Form 1000)

/Mark S. Graham/

(S. G. 1.27)

February 20, 2009

(D. 1e)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10 577,121	02 22/2007	Sudhir Nambiar	33434 US-1CT	1229

TITLE OF INVENTION: PROCESS FOR PREPARING THIAZOLIDINEDIONES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MORRIS, PATRICIA L	1625	546-269700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.305)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-112) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev. 03/04, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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Graham, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Sandoz AG

Basel, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fees: (Please first restate any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 122355 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature /Mark S. Graham/Date February 20, 2009Typed or printed name Mark S. GrahamRegistration No. 32,355

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